

01-24-01 A/RE

Please type a plus sign (+) inside this box → ☒

PTO/SB/50 (08-00)
 Approved for use through 12/30/2000 OMB 0051-0033
 U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

Assistant Commissioner for Patents
 Box Reissue
 Washington, DC 20231

Attorney Docket No.	GR 96 P 4058
First Named Inventor	Frank Meyer-Guldner
Original Patent Number	6,014,476
Original Patent Issue Date (Month/Day/Year)	01/11/2000
Express Mail Label No.	EL758651525US

APPLICATION FOR REISSUE OF:

(Check applicable box)



Utility Patent



Design Patent



Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)

- ☒ Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
- ☐ Applicant claims small entity status. See 37 CFR 1.27.
- ☒ Specification and Claims in double column copy of patent format (amended, if appropriate)
- ☒ Drawing(s) (proposed amendments, if appropriate)
- ☒ Reissue Oath/Declaration (original or copy)
(37 C.F.R. § 1.175) (PTO/SB/51 or 52)
- Original U.S. Patent currently assigned?
☒ Yes ☐ No
 (If Yes, check applicable box(es))
☐ Written Consent of all Assignees (PTO/SB/53)
☒ 37 C.F.R. § 3.73(b) Statement ☒ Power of Attorney (PTO/SB/96)

ACCOMPANYING APPLICATION PARTS

- ☐ Statement of status/support for all changes to the claims. See 37 CFR 1.173 (c).
- ☒ Original U.S. Patent for surrender
☒ Ribboned Original Patent Grant
☐ Statement of Loss (PTO/SB/55)
- ☐ Foreign Priority Claim (35 U.S.C. 119) (if applicable)
- ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
- ☐ English Translation of Reissue Oath/Declaration (if applicable)
- ☐ Preliminary Amendment
- ☒ Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
- Other:

15. CORRESPONDENCE ADDRESS



Customer Number or Bar Code Label

24131

or ☐ Correspondence address below

Name	Lerner and Greenberg, P.A.		
Address	P.O. Box 2480		
City	Hollywood	State	Florida
Country		Zip Code	33022
Telephone	954 925-1100	Fax	954 925-1101

NAME (Print/Type)	Laurence M. Greenberg	Registration No. (Attorney/Agent)	29,308
Signature	<i>Laurence M. Greenberg</i>	Date	1/22/01

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Reissue, Washington, DC 20231.

01/22/01

1c35 U.S. PTO

09767801-012201

Docket No.: GR 96 P 4059

"Express Mail" mailing label number: EL758651525US

Date of Deposit: January 22, 2001

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.


MICHAEL J. BURNS

Date: January 22, 2001

09767801-012201

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB number.

REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)
GR 96 P 4059

Claims as Filed - Part 1

Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A)	6	Total Claims (37 CFR 1.16(i))	****	0 =	x \$ =		
(C)	1	Independent claims (37 CFR 1.18(i))	*	0 =	x \$ =		
Basic Fee (37 CFR 1.16(h))						\$	
Total Filing Fee						\$	
							OR
							\$ 710
							\$ 710

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment	(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(i))	***	MINUS	**	*	x \$ =		x \$ =
Independent Claims (37 CFR 1.18(i))	***	MINUS	****	=	x \$ =		x \$ =
Total Additional Fee				\$		OR	\$

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims.

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

☐ Applicant claims small entity status. See 37 CFR 1.27.☐ Please charge Deposit Account No. _____ in the amount of _____.
A duplicate copy of this sheet is enclosed.☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 12-1099.
A duplicate copy of this sheet is enclosed.☒ A check in the amount of \$ 710.00 to cover the filing / additional fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**January 22, 2001
Date


Signature of Applicant, Attorney or Agent of Record

Laurence A. Greenberg
Typed or printed name